FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
95 APR -4 AM 10: 13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **320644** **(8)**

1. Corporation Name
MIZELL PRODUCE COMPANY INC

Principal Place of Business	Mailing Address
302 PINE STREET LIVE OAK FL 32060	302 PINE STREET LIVE OAK FL 32060

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/05/1967
3a. Date of Last Report: 03/02/1994

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / Country — 25 / Zip — 29 / Country — 30

4. FEI Number: 59-1220689 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☑ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
SCHNEIDER, JOHN P., SR. ROUTE 10, BOX 490 LIVE OAK FL 32060	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: John P. Schneider Sr. DATE: 3/6/95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	11 TITLE	Treasure	☐ Change ☑ Addition
NAME	SCHNEIDER, JOHN P.	12 NAME	Schneider, Millicent A.	
STREET ADDRESS	ROUTE 10, BOX 490	13 STREET ADDRESS	Rt 10, Box 500	
CITY-ST-ZIP	LIVE OAK FL	14 CITY-ST-ZIP	Live Oak, FL 32060	
TITLE	SP	21 TITLE	SP	☑ Change ☐ Addition
NAME	SCHNEIDER, BETTY A.	22 NAME	Schneider, John P., Jr	
STREET ADDRESS	ROUTE 10, BOX 490	23 STREET ADDRESS	Rt 10, Box 500	
CITY-ST-ZIP	LIVE OAK FL	24 CITY-ST-ZIP	Live Oak, FL 32060	
TITLE	V	31 TITLE	S	☑ Change ☐ Addition
NAME	SCHNEIDER, JOHN P., JR.	32 NAME	Schneider, Betty A.	
STREET ADDRESS	ROUTE 10, BOX 490	33 STREET ADDRESS	Rt 10, Box 490	
CITY-ST-ZIP	LIVE OAK FL	34 CITY-ST-ZIP	Live Oak, FL 32060	
TITLE	~~Treasure~~	41 TITLE		☐ Change ☐ Addition
NAME	~~Mr Schneider, Millicent A~~	42 NAME		
STREET ADDRESS	~~Route 10~~	43 STREET ADDRESS		
CITY ST ZIP		44 CITY ST ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY ST ZIP		54 CITY ST ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY ST ZIP		64 CITY ST ZIP		

Deposit By Bank RC

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 (if changed) or on an attachment with an address.

SIGNATURE: John P. Schneider Sr. 3/20/95 352-2284
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL — Date — Daytime Phone #

0401413 FP